
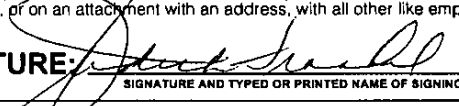


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90041 045 \*\*\*\*61.25

<b>DOCUMENT # 710630</b> 1. Entity Name <b>MIAMI BEACH BAR ASSOCIATION</b>					
Principal Place of Business C/O JUDITH FRANCEL 960 ARTHUR GODFREY ROAD, #116 MIAMI BEACH, FL 33140 US			Mailing Address C/O JUDITH FRANCEL 960 ARTHUR GODFREY ROAD, #116 MIAMI BEACH, FL 33140 US		
2. Principal Place of Business - No P.O. Box # <b>5420 NORTH BAY ROAD</b>		3. Mailing Address <b>5420 NORTH BAY ROAD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI BEACH, FL</b>		City & State <b>MIAMI BEACH, FL</b>		4. FEI Number <b>59-2291789</b>	
Zip <b>33140</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERTZ, STEPHEN G</b> <b>767 ARTHUR GODFREY ROAD</b> <b>MIAMI BEACH, FL 33140-3413</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;"> <b>Make check payable to</b>  <b>Florida Department of State</b> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GONGORA, MICHAEL</b> <b>121 ALHAMBRA PLAZA 100 FL</b> <b>CORAL GABLES, FL 33134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Bruce Reich</b> <b>767 ARTHUR GODFREY ROAD</b> <b>MIAMI BEACH, FL 33140</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SQUIRES, GILBERT</b> <b>767 ARTHUR GODFREY RD</b> <b>MIAMI BEACH, FL 33140</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Elizabeth Schwartz</b> <b>560 LINCOLN ROAD, SUITE 400</b> <b>MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>JUDITH, FRANKEL</b> <b>960 ARTHUR GODFREY ROAD, SUITE 116</b> <b>MIAMI BEACH, FL 33140</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5420 NORTH BAY ROAD</b> <b>MIAMI BEACH, FL 33140</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>JUDITH FRANKEL</b>		
Date			Daytime Phone #		